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	255096	A. BUILDING _____ B. WING _____	02/24/2022

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LOUISVILLE HEALTHCARE LLC	543 EAST MAIN STREET LOUISVILLE, MS 39339

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at the facility from 2/22/22 to 2/24/22. During the survey, The SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA cited F644 related to coordination and assessment for a Preadmission Screening and Resident Review (PASRR), F758 related to unnecessary medications and F880 related to infection control. The facility had a census of 52 at the time of the survey and held a license for 60 beds.	F 000		
F 644 SS=D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the	F 644	Louisville Healthcare Acknowledges	4/2/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/09/2022

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F 644	Continued From page 1 facility failed to obtain a Level ll Preadmission Screening and Resident Review (PASRR) for a resident with a new mental health diagnosis for one (1) of four (4) PASRRs reviewed. Resident #33. Findings include: An interview on 02/24/22 at 9:45 AM, with the Social Services Director (SSD) revealed that the facility does not have a policy on PASRR but, they follow the state guidelines. Record review revealed there was not a PASRR Level 2 on the medical record. An interview, on 02/23/22 at 2:20 PM, with the SSD revealed that she was aware that residents should be referred for a Level 2 evaluation if they have a new mental illness diagnosis and stated that she was not aware that Resident #33 had been given a new diagnosis. An interview, on 02/24/22 at 1:20 PM, with the Director of Nursing (DON) revealed that she understands a PASRR is done on admission and that a new diagnosis can trigger a PASRR Level 2. She stated, "That area is fuzzy to me". She stated that Social Services is responsible for PASRRs. An interview, with the Administrator (ADM) on 2/24/22 at 1:30 PM, revealed that Social Services is responsible for PASRRs. The ADM stated that prior to this survey, they had no specific person to notify Social Services of a new diagnosis that would indicate a need for a level 2. He stated that new diagnoses were usually discussed in the daily stand-up meetings.	F 644	Receipt of the Statement of Deficiencies And proposes this Plan of Correction as Required by Federal and State regulations And statutes applicable to long term care Providers. This plan does not constitute An admission of liability on the part of the Facility, and such liability is hereby Specifically denied. The submission of this Plan does not constitute an agreement by the facility that the surveyor□s findings or Conclusions are accurate, that the findings Constitute a deficiency, or the scope or Severity regarding any of the deficiencies Cited are correctly applied. F-644 Social Worker submitted information for Resident Review (PASARR) for a re-evaluation for resident #33 on 03/08/2022. All residents in the facility have the potential to be affected by this deficiency. The Director of Nursing/Medical Records Nurse will audit 10 charts weekly x 6 weeks beginning 3/11/2022 to ensure that PASARR and level 2 screens are present for required residents. Administrator and Director of Nursing in-serviced social Services on 03/09/2022 on policy for PASSAR and level 2 screenings	

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F 644	Continued From page 2 Record review of Resident #33's Admission Record revealed that he was admitted to the facility on 10/08/15 with diagnoses which included Manic Depression, Anxiety Disorder and Seizure Disorder. Resident #33 had a new diagnosis of Bipolar Disorder, dated 08/7/19 and a new diagnosis of Major Depressive Disorder - Moderate, dated 05/12/20. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date of 1/5/22 revealed Resident #33 had a Brief Interview for Mental Status (BIMS) score of 03, indicating the resident has severely impaired cognitive skills.	F 644	The Social Service director/Director of Nursing will review all new admissions beginning 3/11/2022 for PASSAR and level 2 screenings and will report results to the Quality Assurance Committee x 6 months. First report to Quality Assurance committee will begin on 3/11/2022. Recommendations will be made as deemed necessary. Completed date: 04/02/2022	
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;	F 758		4/2/22

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F 758	Continued From page 3 §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on staff and pharmacy consultant interviews, record review and facility policy review the facility failed to have stop dates on psychotropic and anti-psychotic as needed (PRN) medications for two (2) of five (5) residents medications reviewed. Resident #23 and #33. Findings include: Review of the facility policy titled, "Monitoring of	F 758	Louisville Healthcare Acknowledges Receipt of the Statement of Deficiencies And proposes this Plan of Correction as Required by Federal and State regulations And statutes applicable to long term care Providers. This plan does not constitute An admission of liability on the part of the Facility, and such liability is hereby Specifically denied. The submission of this Plan does not constitute an	

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F 758	Continued From page 4 Antipsychotic Medication Therapy" revised 06/2015 revealed, "It is the policy of this facility to monitor the effectiveness and side effects for any resident that is taking an antipsychotic medication ... Procedure ...5. The pharmacy consultant will review these meds monthly and make dose reduction recommendations as indicated per CMS (Centers for Medicare and Medicaid Services) guidelines. These recommendations will be forwarded to the physician for their response within 7 days ..." Resident #33 Record review of the Order Summary Report revealed Resident #33 had a physician's order dated 12/30/2020 for Haldol Solution 5 mg/ml (milligrams/milliliter). Inject 5 mg/ml intramuscularly (IM) every 8 hours as needed for generalized anxiety disorder. The physicians order did not have an end date. An interview, on 02/24/22 at 11:45 AM, with the Director of Nursing (DON) confirmed that Haldol is an antipsychotic medication, and the order does not have an end date. She stated that she is not aware of the regulation concerning it. The DON revealed that Resident #33 has a brain tumor and she screams out uncontrollable at times like she is hallucinating. She revealed the new guidelines for antipsychotic medications were discussed with the doctors when the regulations came out in 2019. A phone interview on 2/24/2022 at 12:25 PM, with the Consultant Pharmacist revealed that he does assess orders for stop dates and addresses it on the psychotropic dashboard given to the DON after his monthly medication reviews. He confirmed that PRN antipsychotic medications	F 758	agreement by the facility that the surveyor□s findings or Conclusions are accurate, that the findings Constitute a deficiency, or the scope or Severity regarding any of the deficiencies Cited are correctly applied. F-758 Resident #33 and Resident #23 pschotropic medications were discontinued on 3/8/2022. Residents with PRN psychotropic medication orders have the potential to be affected by this alleged deficient practice. These residents will have their psychotropic medication orders will be stopped after 14 days, then the physician can evaluate the resident and write new order for 14 days if needed. A review of all prn medication orders and indications for use, was completed on 3/8/2022 by the Director of Nursing and Medical Records nurse. All Licensed Nursing staff were in serviced by Director of Nursing and Staff Development Coordinater regarding the facility policy for Use of Psychotropic Medication on 3/9/2022. A copy of the regulations regarding the 14 day stop date for psychotropic medication was provided to the physicians who practice at Louisville Healthcare on 3/9/2022 The Director of Nursing and Medical	

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F 758	Continued From page 5 such as Haldol should have a 14 day stop date and a physician evaluation before it is reordered. He stated that antipsychotic medications should be reordered every 14 days according to the federal regulations. He stated that he sends a dashboard every month with information concerning psychotropic medications. An interview with the Administrator (ADM) on 02/24/22 at 1:40 PM, revealed that antipsychotic medications should be evaluated by the doctor and the pharmacist. PRN (as needed) antipsychotic meds should have a 14-day deadline and should be reordered. The ADM stated that for a PRN Haldol order dated 12/2020, "that's a long time, there should be a lot of documentation." An interview with the ADM on 2/24/22 at 3:07 PM, revealed that his review of Resident #33's record confirmed the documentation required for continuing the Haldol was not present. Review of the Medication Administration History for Resident #33 revealed Haldol 5 mg/ml had been administered on 9/17/21, 10/19/21, 11/9/21, and 01/12/22. Record review of the February 2022 Interdisciplinary Team Psychotropic Dashboard for the facility revealed Resident #33's name was listed with the following: Haldol 5 mg IM Q (every) 8H (hours) PRN was highlighted in blue with a notation that Psychotropic PRN orders must have a 14 day stop time and patient must be evaluated prior to continuing the order. Review of the Admission Record revealed that Resident #33 was admitted to the facility on	F 758	records nurse will complete weekly audits for three (3) months of all new prn medication orders beginning on 3/11/2022 to ensure that the 14 day stop date is adhered to. Audited records will be reviewed by the Risk Management/Quality Assurance Committee weekly beginning on 3/11/2022 for 3 months. Completion date: 04/02/2022	

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F 758	Continued From page 6	F 758		

10/08/15. Diagnoses included Malignant Neoplasm of the Brain, Generalized Anxiety Disorder, Bipolar Disorder, and Major Depressive Disorder.

Resident #23

Record review of the electronic medical record revealed the following physician's order dated 02/03/22; Ativan Tablet 0.5 MG Give 1 tablet by mouth every 4 hours as needed for Anxiety related to Anxiety Disorder, Unspecified, End Date: Indefinite.

An interview on 02/24/22 at 12:30 PM, with the Pharmacy Consultant revealed he reviewed the residents PRN (as needed) Ativan in November 2021 and Ativan would need to be re-evaluated by the physician every 14 days. The Consultant Pharmacist revealed "It should have a stop date". He confirmed that an end date of "indefinite" is not appropriate for PRN Ativan and the physician should not write an end date of indefinite.

An interview on 02/24/22 at 1:46 PM, with the Director of Nurses (DON) confirmed that there was no stop date on the residents PRN Ativan. The DON revealed that if there is no stop date on PRN Ativan then the nurse would not be aware when the 14 days is up and that re-evaluation would be needed per the regulations.

An interview on 02/24/22 at 1:52 PM, with the Administrator confirmed that there needs to be a stop date on the antipsychotic medications so that the facility can flag the Medication Administration Record (MAR) for the medication nurse to be aware that it is time for this medication to be reviewed. The Administrator

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F 758	Continued From page 7 revealed he reviewed the antipsychotic medication policy and confirmed it does not address putting an end date on antipsychotic medications. Review of the February 2022 Interdisciplinary Team Psychotropic Dashboard for the facility revealed Resident #23's name was listed with the following: Ativan 1 mg Q4H PRN was notated that Psychotropic PRN orders must have a 14 day stop time and patient must be evaluated prior to continuing the order. Record review of the Admission Record revealed Resident #23 was admitted to the facility on 5/3/21. Record review revealed a diagnosis of Anxiety Disorder, Unspecified with a date of 6/25/21. Record review of the Minimum Data Set dated 3/22/21 revealed Resident #23 had a Brief Interview for Mental Status (BIMS) score of 15 indicating Resident #23 was cognitively intact.	F 758		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at	F 880		4/2/22

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F 880	Continued From page 8 a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 880		

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F 880	Continued From page 9 §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review the facility failed to prevent the possible spread of infection as evidenced by staff not performing hand hygiene in between residents when passing meal trays and when assisting residents with a meal for two (2) of three (3) halls observed. Findings Include: Review of the facility policy titled, " Infection Prevention and Control Program" with a revision date of 8/2017 revealed "Policy: It is a policy of this facility to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections ... Policy Explanation and Compliance Guidelines: ...4. Hand Hygiene Protocol: a. All staff shall wash their hands when coming on duty, between resident contacts, after handling contaminated object, after PPE (Personal Protective Equipment) removal, before/after	F 880	Louisville Healthcare Acknowledges Receipt of the Statement of Deficiencies And proposes this Plan of Correction as Required by Federal and State regulations And statutes applicable to long term care Providers. This plan does not constitute An admission of liability on the part of the Facility, and such liability is hereby Specifically denied. The submission of this Plan does not constitute an agreement by the facility that the surveyor□s findings or Conclusions are accurate, that the findings Constitute a deficiency, or the scope or Severity regarding any of the deficiencies Cited are correctly applied. F-880 It is the policy of the facility to Establish and maintain an Infection prevention and	

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F 880	Continued From page 10 eating, before/after toileting, and before going off duty. b. Staff shall wash their hands before and after performing resident care procedures. c. Hands shall be washed in accordance with our facility's established hand washing procedure ...". Review of the facility policy titled, "Standard Precautions Infection Control" with no revision date revealed ...Policy Explanation and Compliance Guidelines:1 ... e. Perform hand hygiene: ... i. Before having direct contact with patients ... v. After contact with inanimate objects in the immediate vicinity of the patient". On 02/22/22 at 11:55 AM, an observation of the noon meal tray pass in the day room of the Memory Care unit by Certified Nurse Assistant (CNA) #3 revealed CNA #3 did not perform proper hand hygiene between resident's tray pass and set up. The CNA removed the plastic covering from the residents cup, opened milk, opened silverware then continued on to the next resident. On 02/23/2022 at 1:30 PM, an interview with CNA #3 confirmed that she did not utilize hand hygiene between the meal tray pass for the residents at the noon meal on 02/22/22. She revealed that sometimes she does use hand gel and that she should have cleaned her hands between delivering and setting up each of the resident's meal trays. CNA #3 voiced that by not using hand hygiene between tray delivery could cause contamination to spread. CNA #3 confirmed that she had been in-serviced on infection control including hand hygiene. An observation on 02/22/22 at 11:48 AM,	F 880	Control program designed to Provide a safe, sanitary and Comfortable environment and To help prevent the Development and Transmission of Communicable diseases and Infections. It is the policy of This facility to ensure proper Handwashing and hand Hygiene techniques are Being followed at all times. Certified Nurse's Aide #3 was immediately in-serviced on Hand hygiene when passing out trays to residents by Director of Nursing on 02/25/2022. Certified Nurses Aide #2 was immediately inserviced on 02/25/2022 on performing proper hand hygiene before having direct contact with a resident by Director of Nursing. Certified Nurses Aide #2 was also inserviced on 02/25/2022 on proper hand hygiene when passing trays to multiple residents by Director of Nursing. Residents who reside in the Facility have the potential to be affected by this finding. The Director of Nursing/Staff Development Nurse Will monitor Handwashing for 1 random staff member, 5 Days a week on varying Shifts, having the staff Member demonstrate proper Handwashing technique/ and demonstrate proper hand hygiene while passing meals to residents beginning 03/08/2022 with	

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F 880	Continued From page 11 revealed Certified Nurse Assistant (CNA) #2 took Resident #42's lunch tray, set it on his overbed table and opened his milk and utensils without performing hand hygiene. CNA #2 then retrieved Resident #22 lunch tray, set it on her overbed table without performing hand hygiene. CNA #2 then put on gloves and began feeding Resident #22 without performing hand hygiene between lunch tray set up of the two residents. An interview on 02/22/22 at 1:45 PM, with the Staff Development Nurse revealed that hand hygiene should be performed in between residents when passing meal trays or ice to the residents and that she has had a recent in-service regarding hand hygiene. An interview on 02/23/22 at 8:05 AM, with CNA #2 revealed she did not use hand sanitizer between residents when passing trays to Residents #42 and #22. CNA #2 stated, "I just forgot," and confirmed that she needed to use hand sanitizer to prevent contamination between residents and that she had been in serviced on hand hygiene. An interview on 2/24/22 at 9:45 AM with the Director of Nurses (DON) revealed that hand hygiene should be performed between residents when passing meal trays and assisting with feeding the resident. The DON confirmed that hand hygiene should be performed between residents to prevent cross contamination and the spread of germs. Record review of an In-Service Training dated 2/21/22, revealed under "Title and Detailed Content of In-service", hand hygiene was included. CNA #2 and CNA #3 signed the	F 880	check off sheets completed. The Purpose of the monitoring Will be to ensure that proper meal Hand hygiene is practiced. The monitoring will continue Until 4 consecutive weeks of Zero negative findings is Achieved. Afterwards, 3 staff members will Be monitored weekly for a Period of not less than 6 weeks to ensure ongoing Compliance. After that, One staff member will be monitored weekly For 12 months. Any Infractions observed will be Prevented or corrected as Observed. The Director of Nursing in serviced Certified Nurses Aides and Licensed Nurses were in-serviced on proper hand hygiene on 3/8/2022. CDC's clean hands video was started on 3/17/2022 and will be completed by 03/21/2022. Root cause analysis was completed on 03/14/2022. The hand hygiene audits will be monitored by facility administrator beginning 3/8/2022 one time a week for 12 months to Include review of the facility Handwashing policy and Procedure as well as Demonstrations completed by staff to ensure all are practicing proper	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255096	A. BUILDING _____ B. WING _____	02/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 880	Continued From page 12 attendance record.	F 880	technique. Audits will be submitted weekly x 12 months to Quality Assurance meetings beginning on 3/11/2022, then to the next Quality Assurance Performance improvement meeting on 4/20/2022 Completion date: 04/02/2022	